



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWA!

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST NAME (Last) (First)	(Middle)	TELEPHONE
NAME (Last) (First)	(Middle)	TELEPHONE
Garibaldi John	L.	531-7408
MAILING ADDRESS (Street)	FAX	
One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 3	531-7410	
(City) (State)	(Zip Code)	
Honolulu HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
Hawaii Superferry, Inc.	854-4000	
MAILING ADDRESS (Street)	FAX	
One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300		531-7410
(City) (State)		(Zip Code)
Honolulu HI		96813

PART II ORGANIZATION	N						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Superferry, Inc. MAILING ADDRESS (Street) One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300		TELEPHONE 853-4000 FAX 531-7410					
				(City)	(State)	(Zip Code)	
				Honolulu	HI	96813	
				NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Julie Loo		853-4031					
MAILING ADDRESS (Street)		FAX					
One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300		531-7410					
(City)	(State)	(Zip Code)					
Honolulu	HI	96813					

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections		
PART IV CERTIFICATION	N OF LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
John Jaubelan 1/29/07				
			(Date)	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZATIO	N TO LORRY		W-14-17-	
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
John L. Garibaldi	President & Chief Executive Officer			
NAME OF ORGANIZATION (if ap	plicable)		TELEPHONE	
Hawaii Superferry, Inc.	,		531-7408	
MAILING ADDRESS (Street)			FAX	
One Waterfront Plaza, 500 Ala Moana Boulevard, Suite 300		531-7410		
(City)	(State)	(Zip Code)		
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Honolulu	HI		96813	
	Н	ngage in lobbying activities on i		
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